

## BEST AVAILABLE COPY

Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29. 1999

| Effective December 29, 1999  |                                  |  |                                     |   |                                      |                         |                        |                    |                            |                        |
|--|----------------------------------|--|-------------------------------------|---|--------------------------------------|-------------------------|------------------------|--------------------|----------------------------|------------------------|
|  | (                                | CLAIMS AS  | SMALL ENTITY TYPE                   |   | OR_                                  | OTHER THAN SMALL ENTITY |                        |                    |                            |                        |
| FOR NUMBER FILED   |                                  |  | NUMBER E                            | XTRA  | RATE                                 | FEE                     |                        | RATE               | FEE                        |                        |
| BASIC FEE  |                                  |  |                                     |   |                                      | 345.00                  | OR .                   | وأراب وأفاي بالأرا | 690.00                     |                        |
| TOTAL CLAIMS 50 minus 20= * 30   |                                  |  |                                     |   | 1                                    | X\$ 9=                  |                        | OR                 | X\$18=                     | 54010                  |
| TOTAL CLAIMS   |                                  |  | 1                                   |   | X39=                                 |                         |                        | X78=               | 7800                       |                        |
|  | MULTIPLE DEPENDENT CLAIM PRESENT |  |                                     |   |                                      |                         |                        | OR                 |                            | 100                    |
|  |                                  | +130=  |                                     | OR  | +260=                                | 10000                   |                        |                    |                            |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |                                  |  |                                     |   |                                      | TOTAL                   |                        | OR                 | •                          | 130811                 |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)            |                                  |  |                                     |   |                                      | SMALL ENTITY            |                        | OR                 | OTHER THAN<br>SMALL ENTITY |                        |
| NT A   |                                  | (Column 1) CLAIMS REMAINING AFTER                            |                                     | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                     | RATE                    | ADDI-<br>TIONAL<br>FEE |                    | RATE                       | ADDI-<br>TIONAL<br>FEE |
| <b>AMENDMENT</b>   | Total                            | AMENDMENT .  | Minus                               | **  | =                                    | X\$ 9=                  |                        | OR                 | X\$18=                     |                        |
| ENC  | Independent                      | *  | Minus                               | ***   | =                                    | X39=                    |                        | OR                 | X78=                       |                        |
| AM   | FIRST PRESE                      | NTATION OF MU  | ILTIPLE DEPE                        | NDENT CLAIM                                 |                                      | 100                     |                        | OR                 | +260=                      |                        |
|  |                                  |  |                                     |   |                                      | +130=<br>TOTAL          |                        | ا ا                | TOTAL                      |                        |
| ADDIT. FEE   |                                  |  |                                     |   |                                      |                         |                        |                    | ADDIT. FEE                 | <u></u>                |
|  |                                  | (Column 1)   | <u> </u>                            | (Column 2)                                  | (Column 3)                           |                         | ADDI-                  | 7                  |                            | ADDI-                  |
| NT B   | <b>(*</b>                        | CLAIMS REMAINING AFTER AMENDMENT                             |                                     | NUMBER<br>PREVIOUSLY<br>PAID FOR            | PRESENT<br>EXTRA                     | RATE                    | TIONAL<br>FEE          |                    | RATE                       | TIONAL<br>FEE          |
| OME  | Total                            | *  | Minus                               | **  | =                                    | X\$ 9=                  |                        | OR                 | X\$18=                     |                        |
| AMENDMENT  | Independent                      | *  | Minus                               | ***   | =                                    | X39=                    |                        | OR                 | X78=                       |                        |
| 1  | FIRST PRESI                      | ENTATION OF M  | ULTIPLE DEP                         | ENDENT CLAIM                                | Λ                                    | 1130-                   | 1                      |                    | +260=                      | ·                      |
| Γ  |                                  |  |                                     |   |                                      | +130=<br>TOTAL          |                        | OR                 | TOTA                       |                        |
|  |                                  |  |                                     |   |                                      | ADDIT. FE               |                        | JOR                | ADDIT. FE                  | <u> </u>               |
|  |                                  | (Column 1)   |                                     | (Column 2)<br>HIGHEST                       | (Column 3)                           |                         | LADDI                  | ٦                  |                            | ADDI-                  |
| O L  |                                  | CLAIMS REMAINING AFTER AMENDMENT                             |                                     | NUMBER PREVIOUSLY PAID FOR                  | PRESENT<br>EXTRA                     | RATE                    | ADDI-<br>TIONAI<br>FEE |                    | RATE                       | TIONA                  |
| MA   | Total                            | * AIVIENDIVIENT  | Minus                               | **  | =                                    | X\$ 9=                  |                        | OR                 | X\$18=                     |                        |
| AMENDMENT  | Independent                      | *  | Minus                               | ***   | =                                    | X39=                    | <b>—</b>               | OF                 | X78=                       |                        |
| {  | FIRST PRES                       | SENTATION OF I   | MULTIPLE DE                         | PENDENT CLAI                                | М                                    |                         | +                      | 1                  | 000                        | 1                      |
| 十  |                                  |  |                                     |   |                                      | +130=                   |                        | OF                 | TOT                        |                        |
|  | ** If the "Highest !             | olumn 1 is less than<br>Number Previously                    | Paid For IIV II                     | IS SI ACE IS IOSO                           |                                      | TOTA<br>ADDIT. FE       | E                      | OF                 | ADDIT. FE                  |                        |
|  | ***If the "Highest I             | Number Previously<br>Number Previously<br>umber Previously I | Paid For" IN Th<br>Paid For" (Total | IS SPACE is less or Independent) is         | man 3, enter 3.<br>the highest numbe | er found in the         | appropriate            | box in             | column 1.                  |                        |
| 1  | g                                | -  |                                     |   |                                      |                         |                        |                    |                            |                        |